

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		70017	9/29/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	1	✓	
2	2	✓	
3	3	✓	
4	4	✓	
5	5	✓	
6	6	✓	
7	7	✓	
8	8	✓	
9	9	✓	
10	10	✓	
11	11	✓	
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45	45	✓	
46	46	✓	
47	47	✓	
48	48	✓	
49	49	✓	
50	50	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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